

VICTIM IMPACT STATEMENT

UNITED STATES V. _____

CASE NO. _____

NAME: Andrew Gregory

Many people are more comfortable writing about their experiences.

For the following questions, feel free to attach additional sheets of paper if needed.

Mark the words or phrases that best describe your feelings and reactions to this crime.

PLEASE REMEMBER THESE ARE ALL NORMAL REACTIONS

Feelings

- | | | | | | |
|---|---|---|--|--|---|
| <input checked="" type="checkbox"/> Anger | <input checked="" type="checkbox"/> Guilt | <input checked="" type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Depression | <input checked="" type="checkbox"/> Unsafe | <input checked="" type="checkbox"/> Grief |
| <input checked="" type="checkbox"/> Fear | <input type="checkbox"/> Numbness | <input type="checkbox"/> Sad | <input checked="" type="checkbox"/> Scared | <input checked="" type="checkbox"/> Tense | <input type="checkbox"/> Confused |

Experiences

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Nightmares | <input checked="" type="checkbox"/> Forgetfulness | <input checked="" type="checkbox"/> Fear the Defendant will return |
| <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Uncontrolled crying | <input checked="" type="checkbox"/> Repeated memory of the crime |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Want to be alone | <input checked="" type="checkbox"/> No trust in anyone |
| <input checked="" type="checkbox"/> Fear of being alone | <input type="checkbox"/> Family not as close | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> School stress | <input checked="" type="checkbox"/> Family stress |

What would you like the judge to know about you and the impact of this crime?

• nerve pain in legs that gets worse with
change of seasons.

• I feel the need to carry a firearm
now

• Not comfortable in crowded areas
• Missed 3 months of work
• had to leave work numerous times
to go to therapy

Please describe below how members of your family have been affected by this crime?

- family is more concerned about me and my safety.
- neace has rumors talks about what happen with her teropist
- family on edge and un comfortable

Have you or members of your family received counseling or therapy? ☒ YES ☐ NO

What would you like to see happen to the person who committed the crime against you?

Maxium amount of punishment.
due to reciveing life time of pain
doctor vists and untold complications
of my injury.

Is there anything else you would like the Judge to know before the defendant is sentenced?

They had every intension on
shooting me cause they said
"give me your keys or we will
shot you" as they had a gun
to my head

VICTIM IMPACT STATEMENT

Financial Statement

A. EXPENSES and DAMAGES

1. List property lost, destroyed or damaged and its value. (Wherever possible, attach supporting documents such as receipts, repair bills, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

2. List any wages or income you have list as a result of this crime. Attach supporting receipts.

725 x 12 weeks	\$ 8,700
_____	\$ _____

3. List any medical or counseling expenses incurred as a result of this crime. Attach supporting receipts.

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Describe future medical or counseling expenses anticipated. Attach estimates.

_____	\$ _____
_____	\$ _____
_____	\$ _____

5. If you have any funeral expenses as a result of the crime, please list them and attach receipts, bills or other documentation of your expenses. If you are claiming any expenses for a headstone, memorial or honoring ceremony, please list those expenses also.

_____	\$ _____
_____	\$ _____
_____	\$ _____

6. List any other expenses including child care, transportation, etc. related to participation in the investigation or prosecution of the offense or attendance at court hearings.

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL OF CRIME RELATED COSTS: \$ 8,700

B. REIMBURSEMENT RECEIVED (Please attach receipts)

Please list any money you were paid by insurance, Crime Victims' Compensation, Social Security, state or tribal government, programs or other sources. Attach copies or receipts or insurance payments.

If you have already received or expect to receive any payments or benefits from the sources listed, please indicate any amounts received, name of the insurance company and claim number.

Name of Company	_____
Address	_____
Claim Number	_____
Telephone Number	_____

Name of Company	_____
Address	_____
Claim Number	_____
Telephone Number	_____

TOTAL REIMBURSEMENT: \$ _____